

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3975 Fair Ridge Dr.

Suite 400 North

☐Check if different
than previously
reported. (ACC)

FAIRFAX

VA

22033

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00408435

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Larry Kaplan

Signature of Treasurer

Electronically Filed by Mr. Larry Kaplan

Date

07

15

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		81098.86
(b) Cash on Hand at Beginning of Reporting Period	75506.49	
(c) Total Receipts (from Line 19)	19887.48	20847.39
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	95393.97	101946.25
7. Total Disbursements (from Line 31)	14072.59	20624.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	81321.38	81321.38
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	13710.00	14460.00
(i) Itemized (use Schedule A)	6169.00	6369.00
(ii) Unitemized	19879.00	20829.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	19879.00	20829.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	8.48	18.39
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19887.48	20847.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19887.48	20847.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	72.59	124.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	72.59	124.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	20500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14072.59	20624.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14072.59	20624.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	19879.00	20829.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19879.00	20829.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	72.59	124.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	72.59	124.87

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Nicholas Astromoff

Mailing Address 1661 Soquel Drive Bldg G

City

Santa Cruz

State

CA

Zip Code

95065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.6021

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Zubin Balsara

Mailing Address 8309 Canopy Oaks Drive

City

Ft. Smith

State

AZ

Zip Code

72903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5885

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stuart Braverman

Mailing Address 232 Constance Ln.

City

Santa Barbara

State

CA

Zip Code

93105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pueblo Radiology Medical
Group

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.5910

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Scott Burstein

Mailing Address 4506 Oakwood Ave.

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5886

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Citron

Mailing Address 13 Ball Mill Place

City

Atlanta

State

GA

Zip Code

30350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates Of
Atlant

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.5891

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bradley Dick

Mailing Address 10004 Meyer Point Terrace

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Suburban Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.5945

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. William Dittman

Mailing Address 8200 Walnut Hill Ln.

City

Dallas

State

TX

Zip Code

75231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian HospitalOccupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.6006

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Epstein

Mailing Address 7004 Blvd East
#32D

City

West New York

State

NJ

Zip Code

07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Barnabas HospitalOccupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.5889

Amount of Each Receipt this Period

510.00

C.

Full Name (Last, First, Middle Initial)

Laura Findeiss

Mailing Address 3604 Sunridge Drive

City

Park City

State

UT

Zip Code

84098

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Utah School
of MOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.5987

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1010.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

William Gallmann

Mailing Address 447 Regency Blvd

City

Shreveport

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schumpert Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.5952

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Herald

Mailing Address 2555 Ponce De Leon
#400

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Business Service,
Inc.

Occupation
administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5880

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Samuel Hill

Mailing Address 1860 Houndsfield Drive

City

Florence

State

SC

Zip Code

29506

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLeod Regional Medical
Center

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5883

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kevin Hirsch

Mailing Address 4530 Mendocino Ct.

City

Los Angeles

State

CA

Zip Code

90065

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAC-OSC Medical Center

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5982

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Lindsey W Inouye

Mailing Address 677 N Wilmot Road

City

Tucson

State

AZ

Zip Code

85711-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Ltd.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.6008

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Shellie Josephs

Mailing Address 5323 Harry Hines Blvd.

City

Dallas

State

TX

Zip Code

75390

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Texas South-
weste

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.5992

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Chandra Katragadda

Mailing Address 3462 Ocean Dr

City

Corpus Christi

State

TX

Zip Code

78411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus Spohn Hospitals

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.5917

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Thomas B Kinney

Mailing Address 500 W. Harbor Dr. #1308

City

San Diego

State

CA

Zip Code

92103

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCSD Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5983

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Katharine Krol

Mailing Address 8433 Harcourt Rd

City

Indianapolis

State

IN

Zip Code

46260

FEC ID number of contributing
federal political committee.

C

Name of Employer
St.Vincent Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.5935

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Anthony Kudirka

Mailing Address 1700 Hickory Valley Rd.

City

Milford

State

MI

Zip Code

48380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Clemens Regional Me-
dical

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.5932

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Lipman

Mailing Address 1480 Gilbert Rd

City

Kennesaw

State

GA

Zip Code

30152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlanta Interventional In-
stitu

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.5969

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Margaret Alma Lynch-Nyhan

Mailing Address 2838 St. Paul St.

City

Baltimore

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST JOSEPH MEDICAL CENTER

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.5930

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John McGue

Mailing Address 3768 W. Pawnee Dr.

City

LaPorte

State

IN

Zip Code

46350

FEC ID number of contributing
federal political committee.

C

Name of Employer
LaPorte Radiology IncOccupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

Transaction ID: SA11AI.5951

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Newcomb

Mailing Address 1425 Princeton Ct.

City

Allentown

State

PA

Zip Code

18104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehigh Valley HospitalOccupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	8

Transaction ID: SA11AI.6007

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Andrew Novick

Mailing Address 6 Floral Court

City

Westfield

State

NJ

Zip Code

07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newark Beth Israel HospitalOccupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	8

Transaction ID: SA11AI.6009

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Randon L Opp

Mailing Address 700 Ironwood Drive Suite 110

City

Coeur D Alene

State

ID

Zip Code

83814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kootenai Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.5924

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mohammed F Quraishi

Mailing Address 728 134th ST SW #120

City

Everett

State

WA

Zip Code

98204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc. P.S.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.5911

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Charles K Raker

Mailing Address 7716 North 1st Avenue
Apt 203

City

Phoenix

State

AZ

Zip Code

85021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept of Radiology Banner
Good

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.5943

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David Sacks

Mailing Address 1317 Old Mill Rd.

City

Reading

State

PA

Zip Code

19610

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Reading Hospital and
Medic

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.5944

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert J Schmall

Mailing Address 5025 Deer View Road

City

Cedar Rapids

State

IA

Zip Code

52411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Iowa

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.5892

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ezequiel Silva

Mailing Address 422 Normandy Ave

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.5973

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Malwinder Singha

Mailing Address 816 Cliffside Court

City

Lafayette

State

IN

Zip Code

47905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Minimally Inva-
sive

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.6011

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Suzanne Slonim

Mailing Address 4435 Holland Avenue

City

Dallas

State

TX

Zip Code

75219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Hospital Of Dal-
las

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.5908

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eva Smorzaniuk

Mailing Address 5140 Long Point Farm Dr

City

Oxford

State

MD

Zip Code

21654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.5950

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Elizabeth Spencer

Mailing Address 26555 N. 86th St.

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Desert Endovascular Center
and

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5981

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John Statler

Mailing Address 11112 Meadow Road

City

Tacoma

State

WA

Zip Code

98499

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.5909

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bradley Strnad

Mailing Address 1924 Alcoa Highway

City

Knoxville

State

TN

Zip Code

37920

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee
Medica

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.5894

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Charles Tate

Mailing Address 4725 N. Federal Highway

City

Fort Lauderdale

State

FL

Zip Code

33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Cross HospitalOccupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: SA11AI.6027

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Thomas

Mailing Address 4 Vineyard Dr.

City

San Antonio

State

TX

Zip Code

78257

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
upOccupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: SA11AI.6018

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert Dana Tomalty

Mailing Address 2006 Franklin Street Ste 200

City

Huntsville

State

AL

Zip Code

35801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology of Huntsville
P.C.Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

Transaction ID: SA11AI.5978

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Terry Tomlinson

Mailing Address 106 Spirea Drive

City

Dayton

State

OH

Zip Code

45419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Valley HospitalOccupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

Transaction ID: SA11AI.5980

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Clayton K Trimmer

Mailing Address 2005 Cottonwood Valley Circle S.

City

Irving

State

TX

Zip Code

75038

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Texas South-
westeOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Transaction ID: SA11AI.5996

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Manish Varma

Mailing Address 1 Jarrett-White Rd.

City

Tripler Army Cente

State

HI

Zip Code

96859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tripler Army Medical Cent-
erOccupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	8

Transaction ID: SA11AI.5968

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Arthur Waltman

Mailing Address 34 Rangeley Rd

City

Winchester

State

MA

Zip Code

01890

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts General Hos-
pitalOccupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	8

Transaction ID: SA11AI.5949

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Richard John Wunder

Mailing Address 302 Kings Cir

City

Myrtle Beach

State

SC

Zip Code

29572-4719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Radiology Associ-
atesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	0	8

Transaction ID: SA11AI.5936

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles Yim

Mailing Address 5 Castlewall Ct.

City

Lutherville Timoni

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced RadiologyOccupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

Transaction ID: SA11AI.5956

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Philip T Zeni, Jr.

Mailing Address 9565 Plantation Lake Road

City

Collierville

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Memorial Hospital
MempOccupation
Physician

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	0	8

Transaction ID: SA11AI.5941

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

13710.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 23

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MAX BAUCUS

Mailing Address PO BOX 586

City
HELENA

State
MT

Zip Code
59624

Purpose of Disbursement

011

Category/
Type

Candidate Name

BAUCUS JOHNSON VICTORY FUND

Office Sought:

☐ House

☒ Senate

☐ President

State: MT

District: 00

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: SB23.5874

Date of Disbursement

05 / 06 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

R PARKER GRIFFITH

Mailing Address PO BOX 2619

City
HUNTSVILLE

State
AL

Zip Code
35804

Purpose of Disbursement

011

Category/
Type

Candidate Name

GRIFFITH FOR CONGRESS

Office Sought:

☒ House

☐ Senate

☐ President

State: AL

District: 05

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: SB23.5876

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

JOHN FORBES KERRY

Mailing Address 19 LOUISBURG SQUARE

City
BOSTON

State
MA

Zip Code
02106

Purpose of Disbursement

011

Category/
Type

Candidate Name

JOHN KERRY FOR SENATE

Office Sought:

☐ House

☒ Senate

☐ President

State: MA

District: 00

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: SB23.6033

Date of Disbursement

04 / 18 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAROLYN MCCARTHY

Mailing Address P.O. Box 190

City
Mineola

State
NY

Zip Code
11501

Purpose of Disbursement

011

Category/
Type

Candidate Name

FRIENDS OF CAROLYN MCCARTHY

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 04

Transaction ID: SB23.6031

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2008

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

14000.00